


Permit Review Process
&
Permit Decision Guarantee

Department of Environmental Protection
Nov. 29, 2012

Dial-in number for audio is: 1-877-668-4493
Access code: 646 640 985

Today's Speakers

Emcee – Hayley Book

Director Office of Program Integration

David Allard, CHP

Director, Bureau of Radiation Protection

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Today's Speakers

Christopher Heckert

Radiation Health Physicist

John Chippo

Radiation Protection Program Supervisor

Robert Lewis

Radiation Protection Program Manager

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Agenda

1. **Overview of BRP and permits**
2. **Review of BRP's permitting process**
3. **Questions & Comments**

Note: WebEx Technical Support is available at 866-229-3239

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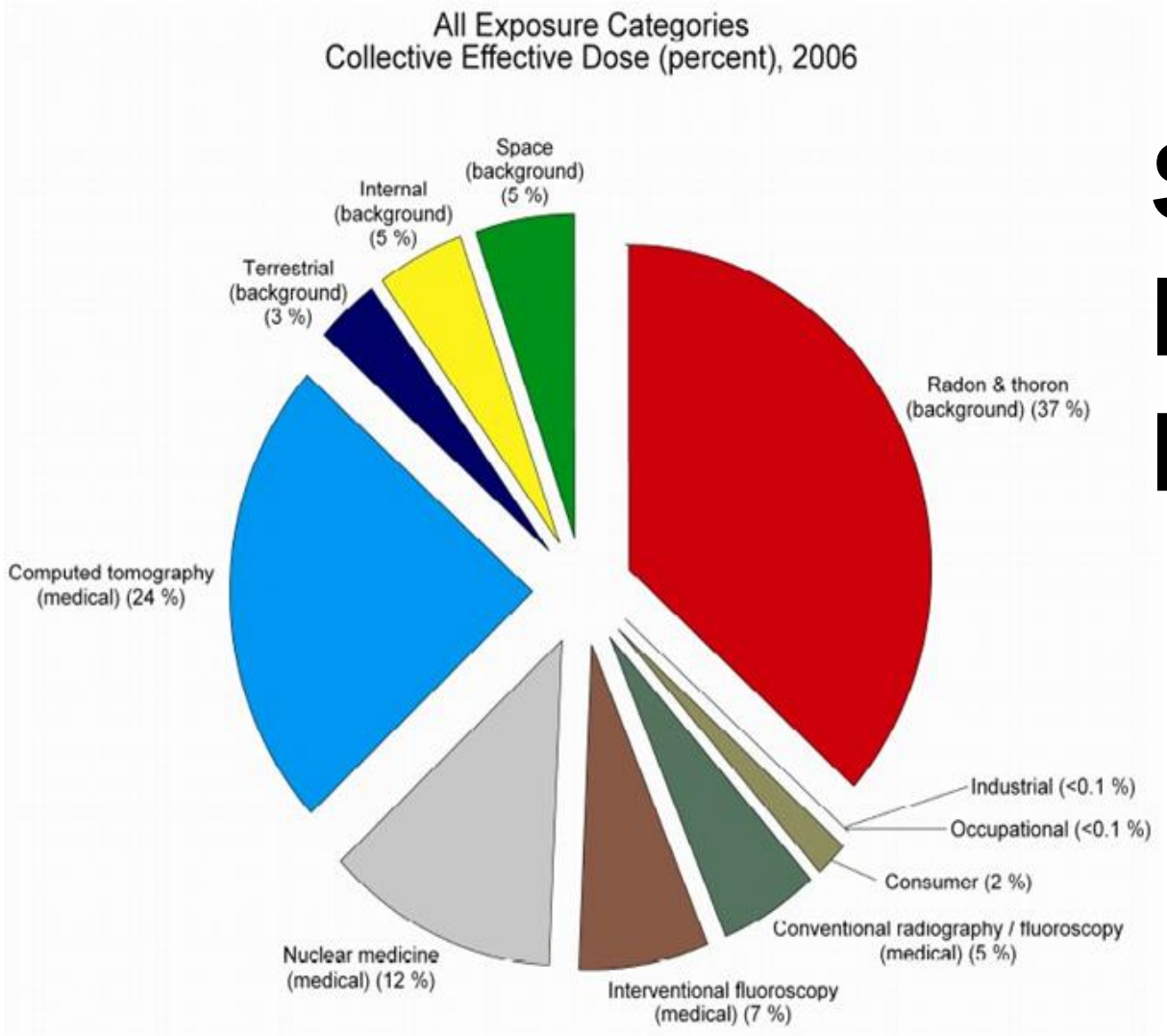
Permit Review Process



Sources of Radiation Exposure

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Radiation Control in PA

X rays, Accelerators, and Radioactive Materials

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Permit Review Process

Legislative Authority

Radiation Protection Act
(Act 1984-147, amended Act 2007-31)

> Nuclear Safety Oversight
> Emergency Response and Preparedness
> Environmental Surveillance
> Radiation Control (RAM and X-ray)

Radon Certification Act
(July 9, 1987 - P.L. 238 No. 43)

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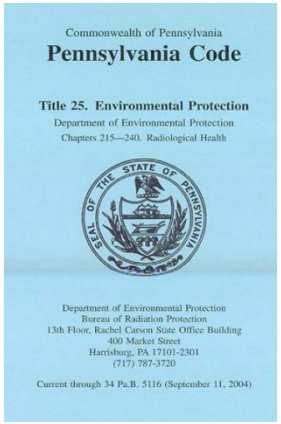
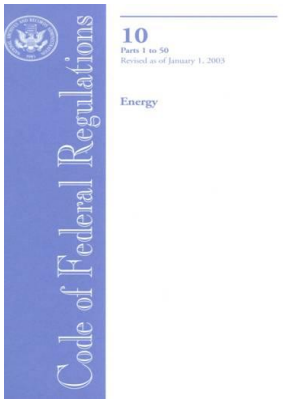
PA RP Regulations



PA Title 25 Environmental Protection

> Article V. Radiological Health*
- 215. General Provisions
- 217. Lic. of Radioactive Materials (RAM)
- 219. Standards for Protection Against Rad.
- 220. Notice, Instructions & Reports ….
- 221. X-rays in the Healing Arts
- 230. Packaging & Transport of RAM
- 236. LLRW Management & Disposal
- 240. Radon Certification



***Note: Partial list of Chapters; and on Nov. 2001 incorporated NRC regs in Title 10 CFR by reference**

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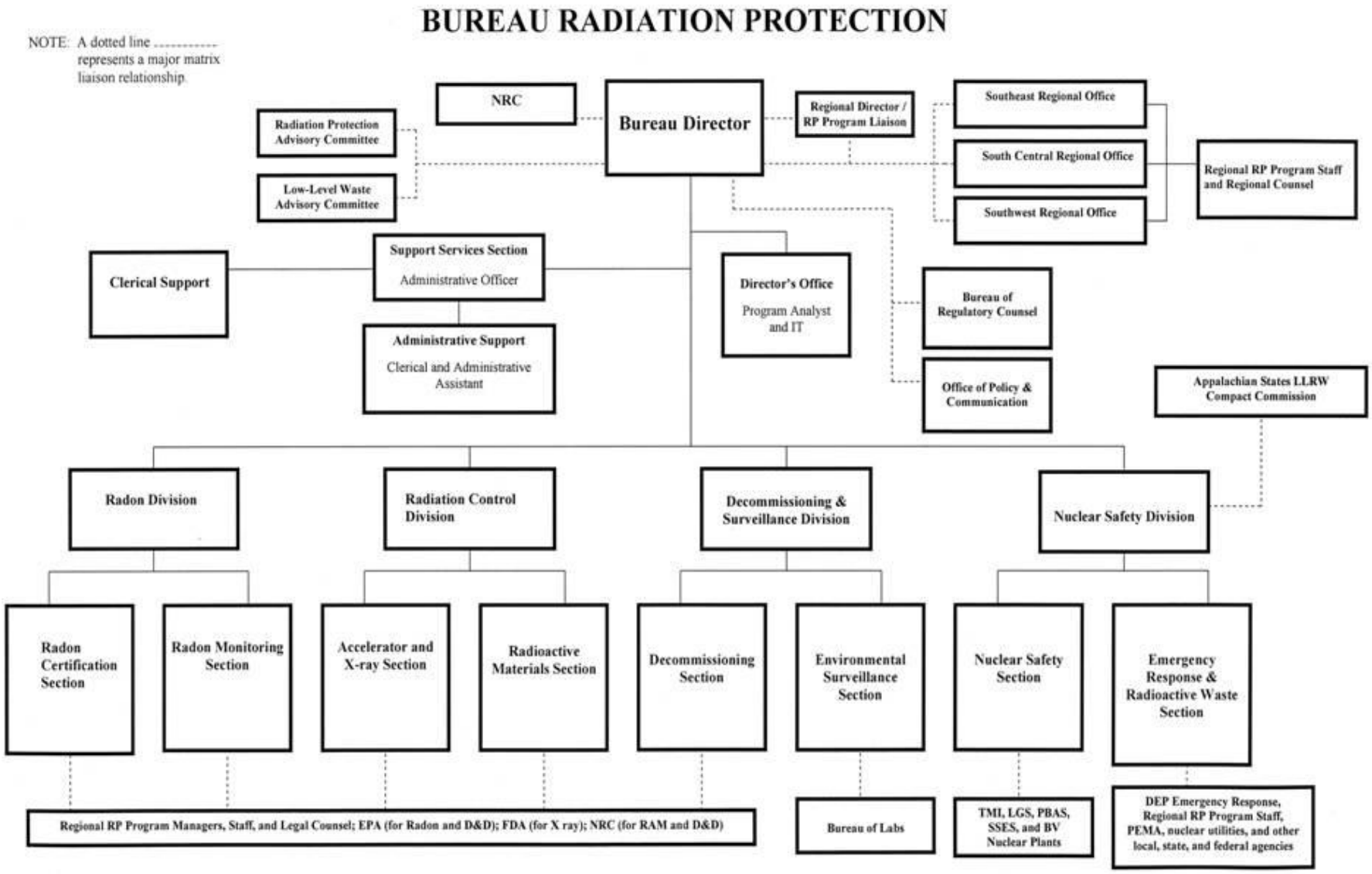
Permit Review Process



Permit Review Process

Radiation Control – X-ray Registration

- Registration form
- No approval needed
- Subject to RP regulations and inspection

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Permit Review Process

Radiation Control – Accelerator Licensing

- Specific License - application
- Medical accelerator
- Non-medical acceleration
- Subject to RP regulations and inspection

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Permit Review Process

Radiation Control – Radioactive Material Licensing

- Exempt material - no action
- General License - certificate
- Specific License – application
- Subject to RP regulations and inspection

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Permit Review Process

Radon Certification

- Testing
- Mitigators
- Laboratories

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Permit Review Process

X-Ray and Accelerator Section

- REGISTRATION OF RADIATION-PRODUCING MACHINES
- VENDOR/SERVICE PROVIDER REGISTRATION
- APPLICATION FOR ACCELERATOR LICENSES

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INSTRUCTIONS

1. **APPLICANT'S LEGAL NAME** Identify the individual(s), institution, corporation or association in possession of and responsible for the equipment. If you are a member of a group practice in the healing arts profession, indicate the individuals comprising the group as well as the group name.

2. **EMPLOYER IDENTIFICATION NUMBER (EIN)** For owner of radiation producing machine.

3. **FACILITY ADDRESS** Provide the number, street name, city, state, zip code and any other information needed to locate the office or facility in which the equipment is located.

4. **COUNTY AND TOWNSHIP** Provide the county and township names where the office or facility is located.

5. **TELEPHONE NUMBER** Provide the telephone number, with area code, of the office or facility in which the equipment is located.

6. **APPLICANTS EMAIL ADDRESS FOR FACILITY**.

7. **RADIATION SAFETY OFFICER** Indicate the name(s) of the employee(s) responsible for the safe use of the radiation producing equipment.

8. **MAILING ADDRESS** If different from facility address.

9. **TYPE OF FACILITY INFORMATION** Self explanatory except:

   CLINIC A facility providing medical service(s) for the treatment of out-patients as opposed to an individual general practitioner, i.e., "Medical Doctor."

   SCHOOL Includes high schools, colleges, universities, and vocational/technical facilities.

10. **X-RAY EQUIPMENT INFORMATION** Self explanatory except:

    DENTAL PAN-CEPH If a single tube performs both panoramic and cephlalometric functions, count as only one tube.

    MEDICAL RADIOGRAPHIC Includes simulators and all general and special purpose medical units, both stationary, mobile and mammography. Also indicate separately the number of mammography tubes.

    MEDICAL THERAPEUTIC Includes all units used for radiation therapy (e.g., Grenz ray or superficial units) with the exception of medical accelerators.

    MEDICAL OTHER Includes all medical units not noted.

    NON-MEDICAL RADIOGRAPHIC Includes all shielded room, open shop, and field radiographic units used for the examination of the macroscopic structure of material. Does not include X-ray baggage inspection systems, which would be "cabinet/baggage inspection."

    NON-MEDICAL ANALYTICAL Includes all diffraction and fluorescence, units used for the examination of the microscopic structure or elemental composition of material.

    NON-MEDICAL OTHER Includes all non-medical units other than those noted. Examples are: electron beam welders, gauges, detectors, laboratory electron tubes and associated equipment, or other high voltage electrical equipment that has the potential of producing ionizing radiation in excess of 0.5 milliroentgens per hour at 5 centimeters from any unshielded accessible surface.

FEES

FACILITY TYPE	ANNUAL ADMIN FEE	ANNUAL PER TUBE FEE
Dental, Podiatric, Veterinary	$100.00	$50.00
Hospital	$725.00	$50.00
All Other Facilities	$350.00	$50.00

Fee consists of an annual Administrative Fee in addition to an annual $50.00 per tube-head assembly. If you need assistance calculating fees or with any other part of this form, please call the Bureau of Radiation Protection at 717-787-3720.

2900-PM-RP0016 Rev. 9/2011

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

REGISTRATION OF RADIATION-PRODUCING MACHINES

This form is not for use with accelerators

Please print or type the information requested below. See specific instructions. Sign your name and return this form and registration fees to the **Bureau of Radiation Protection, P.O. Box 8469, Harrisburg, PA 17105-8469. Application will not be processed without required fees.**

(1) Applicant's Legal Name (Institution, firm, hospital, person, etc.)		(2) Employer Identification Number (EIN)
(3) Facility Address (Street, City, State) Zip +4 Code		(4) County and Township
(5) Facility Telephone Number ( )	(6) Applicant's email address	(7) Radiation Safety Officer
(8) Mailing Address (if different from above)		Zip+4 Code

(9) TYPE OF FACILITY (Check One)

☐ Dental only ☐ Podiatrist ☐ Hospital ☐ Prison
☐ Medical Doctor ☐ Chiropractor ☐ Clinic ☐ School
☐ Doctor of Osteopathic Medicine ☐ Veterinarian ☐ Nursing and/or Convalescent Home ☐ Industry
☐ Other (Specify) _____

(10)DEVICES (for X-ray equipment, **indicate NUMBER of X-ray tubes** that are part of a complete system. Include inoperable and out-of-use systems.)

MEDICAL

___ DENTAL INTRAORAL
___ DENTAL INTRAORAL HANDHELD
___ DENTAL PAN-CEPH
___ RADIOGRAPHIC*
___ FLUOROSCOPIC
___ CT SCANNER
___ CONE BEAM CT
___ SIMULATOR CT
___ ON BOARD IMAGING CT
___ BONE DENSITOMETER
___ THERAPEUTIC
___ VETERINARY RADIOGRAPHIC
___ VETERINARY FLUOROSCOPIC
___ VETERINARY THERAPEUTIC
___ LITHOTRIPTER
___ OTHER (SPECIFY)

NON-MEDICAL

___ RADIOGRAPHIC
___ CABINET/BAGGAGE INSPECTION
___ ANALYTICAL: DIFFRACTION
___ ANALYTICAL: XRF, SPECT
___ ANALYTICAL XRF HANDHELD
___ ELECTRON MICROSCOPE
___ INDUSTRIAL RADIOGRAPHIC
___ FLUOROSCOPIC, NO CABINET
___ BLOOD IRRADIATOR
___ OTHER (SPECIFY), e.g. gauges

***Indicate number of mammography tubes included under radiographic tubes.** ____

NOTICE TO REGISTRANTS

It is the registrant's responsibility to operate X-ray equipment in compliance with state regulations. The Department intends to conduct inspections at registered facilities once every four years except at major medical facilities where the frequency is once every three years. The Department may conduct additional inspections if violations of regulations are noted at the time of the original inspection or whenever any person presents information which gives the Department reason to believe the health and safety of any person is threatened. This policy shall not be construed as a requirement that the Department conduct a minimum number of inspections in a period of time.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE STATEMENTS CONTAINED OR REFERENCED HEREIN ARE MADE SUBJECT TO THE PROVISIONS OF **18 PA. C.S.A.** SECTION **4904** (RELATING TO PENALTIES FOR UNSWORN FALSE STATEMENTS TO GOVERNMENTAL AUTHORITIES).

AUTHORIZED PERSON (Printed Name)	TITLE (Print)
AUTHORIZED PERSON (Signature)	DATE

DEP USE ONLY

Registration No:	County:	Date Registered:
BRP Area:	Client No:	Registered By:
BRP Region:	Site No:	Check No:
		Check Amount:

☐ Original - Central Office ☐ Regional Office copy ☐ CLB Division copy

2900-FM-RP0108 Rev. 08/2005

Commonwealth of Pennsylvania
Department of Environmental Protection

Bureau of Radiation Protection
Rachel Carson State Office Building
400 Market St, P.O. Box 8469
Harrisburg PA 17105-8469

Attached is your Certificate of Registration for X-ray equipment at this site.

Display certificate in a visible location.

If you have any questions regarding your registration status, contact the above office by calling 717-787-3720 or visit the DEP website at www.state.pa.us/brp.

THE MED CTR XRAY
MAIN STREET
ANYWHERE PA 12345

2900-FM-RP0108 Rev. 08/2005

Commonwealth of Pennsylvania

Department of Environmental Protection

CERTIFICATE OF REGISTRATION
RADIATION PRODUCING MACHINES

REGISTRATION ID NUMBER: 10-12345

THE MED CTR XRAY
MAIN STREET
ANYWHERE PA 12345

Radiation Protection Program Supervisor
Bureau of Radiation Protection

November 30, 2013
Expiration Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

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DEPARTMENT OF ENVIRONMENTAL PROTECTION

Registration Instructions For Vendor/Service Provider

General Information

To speed up the process and assist vendor/service providers in submitting registrations, the Department has made instructions available so applicants may understand the nature of information being sought and thereby respond correctly to the registration information. A registration must be submitted for each Vendor/Service Provider who engages in the business of assembling, installing, selling and or furnishing radiation-producing machines. See PA Title 25 Environmental Protection regulations section 25 § 216.2a. The most recent copy of the current regulations is available on-line at www.pacode.com.

Instructions:

Please type or print all available information when completing the application. Some questions can be answered simply by check-off or with brief answers, but if information needed is more than space allows, copy that question onto a supplemental sheet and complete as required. The fee of $140.00 must be included with the registration submittal. Section 25 § 218.11(h).

(1) Legal Name of Company

The legal name of a person or organization requesting a registration from the Department to conduct service is required. The name given will be the exact name written on the registration.

(2) Mailing Address

Fill in the location of the main office or headquarters of the company, where its usual business affairs are conducted. The mailing address should not include data that is not appropriate for business correspondence. In addition to the street name and number, PO Box number, etc., use any appropriate designation and numbers to further define the mailing address of the applicant (e.g., apartment, floor, building, room, department, suite, etc.). Make sure to include the city, state, and ZIP+4 postal code. Do not use abbreviations for the city name. Use the two-character abbreviation for the state. If other than USA, provide country.

(3) Telephone Number / Fax Number

The area code, phone number and fax number of the business.

(4) Web Address

The web address of the business, if available.

(5) Email Address

The email address of the business.

(6) Employer Identification Number (EIN)

The Employer Identification Number (EIN) is required in the space provided. The EIN, which is also known as a Tax Identification Number (TIN), is the number assigned to the provider by the Federal Government for tax reporting purposes.

(7) Location Address

The address of the business, if different then the mailing address.

(8) Area of Pennsylvania Served

Check all that apply by referring to the attached map for regional areas.

Instructions (continued):

(9) Type of Activity

Check all that apply.

(10) List any other Regional Offices

A registration is necessary for all regional offices within the Commonwealth that provide any vendor/service business activities.

(11) Service or Services Provided

Check all that apply.

(12) Types of Equipment

Check all types of equipment sold, installed, serviced and repaired. Supply information on any other type of equipment or service provided.

(13) Signature

Sign and indicate your title or position in the firm.

(14) Print

Print your name and date the application.

Additional Information

Inform the Bureau in writing, within 30 days, of any changes in name, address or services rendered. The registration and fee are due annually.

Mail the complete application, along with a check or money order for $140.00 payable to: "Commonwealth of Pennsylvania."

Department of Environmental Protection
Bureau of Radiation Protection
P.O. Box 8469
Harrisburg, PA 17105-8469

2900-PM-RP0045b Rev. 7/2010
Application

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

Vendor/Service Provider Registration

For DEP Use Only
Registration Number 80- ☐☐☐☐☐

Please Type or Print in Ink. Use supplementary sheets if necessary.

(1) Legal Name of Company:	
(2) Mailing Address:	
City:	State: Zip Code:
(3) Telephone Number: ( )	Fax Number: ( )
(4) Web Site:	
(5) Email Address:	
(6) Employer Identification Number (EIN):	
(7) Location Address (If different from mailing address):	
City:	State: Zip Code:
(8) Area of Pennsylvania Served (Check all that apply, see map):	
All ☐ SE ☐ NE ☐ SC ☐ NC ☐ SW ☐ NW ☐	
(9) Type of Activity (Check all that apply)	
Manufacturer ☐ Vendor ☐ Installer ☐ Service/Repair ☐	
(10) List any other regional offices within the Commonwealth:	

For DEP Use Only			
Date Received:	Date into eFacts:	Client No.:	Account No.:
Check No.:	Check Amount:	Entered by:	

Registration Number 80- ☐☐☐☐☐ **(continued)**

(11) Service or services provided (Check all that apply):

Assembly/Removal	☐	Machine Repair	☐	Machine Calibration	☐	Film Supplies	☐
Sales or Demo	☐	Machine Loan/Lease	☐	Film Processing	☐		
Other	☐	(List): _____					

(12) Type of Equipment Sold, Installed, Serviced and Repaired (Check all that apply):

Dental Intraoral	☐	Industrial Radiographic	☐	Diffraction	☐
Dental Panoramic	☐	Other, Non-medical	☐	Analytical	☐
Mobile, Other Med	☐	Radiographic	☐	Accelerator	☐
Fluoroscopic	☐	R & F Combination	☐	Spectroscopy	☐
Electron Microscope	☐	CT Scanner	☐	Cabinet X-ray	☐
Bone Densitometer	☐	Therapeutic	☐	Therapy Simulator	☐
Lithotriptor	☐	Baggage Inspection	☐		
Other	☐	(Explain): _____			

Advise the Bureau in writing within 30 days after any changes listed below:

- The name of the Vendor previously submitted.
- The address of your office servicing Pennsylvania.
- The type of service rendered.

Note: This is an annual registration, registration fees are due each year.

(13) _____ Signature _____ Title or Position in Firm

(14) _____ Print Name _____ Date

Permit Review Process

Registrations

- Upon receipt of application and fee and completion of processing, a Certificate of Registration will be mailed to the registrant to be retained for review upon DEP inspection.

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Commonwealth of Pennsylvania
Department of Environmental Protection

Bureau of Radiation Protection
Rachel Carson State Office Building
400 Market St, P.O. Box 8469
Harrisburg PA 17105-8469

Attached is your Registration Certificate for receipt of the application and fee submitted to be registered as a Vendor/Service Provider in Pennsylvania.

Display or maintain this certificate for inspection by the Department.

If you have any questions regarding your registration status, contact the above office by calling 717-787-3720 or visit the DEP website at www.state.pa.us/brp.

NAME OF COMPANY
ADDRESS
CITY STATE ZIP CODE

Commonwealth of Pennsylvania

Department of Environmental Protection

CERTIFICATE OF REGISTRATION
VENDOR/SERVICE PROVIDER

REGISTRATION NUMBER: 80-00000

NAME OF COMPANY
ADDRESS
CITY STATE ZIP CODE

Radiation Protection Program Supervisor
Bureau of Radiation Protection

00/00/2000
Expiration Date

APPLICATION FOR MEDICAL AND NON-MEDICAL ACCELERATOR LICENSES

The Pennsylvania Department of Environmental Protection, Bureau of Radiation Protection welcomes your request for this accelerator license.

This portion of the application provides general license information that will be of value to you when you complete the written portions of the license application.

The Department issues licenses for medical and non-medical accelerators under the provisions of the Radiation Protection Act and respective regulations Title 25 Chapter 228, which set forth requirements both to become and to remain licensed. The Department is responsible for enforcing the Radiation Protection Act and our regulations.

It is imperative that you become familiar with our radiation protection regulations in the Pennsylvania State Code, Title 25 Environmental Protection, available at www.pacode.com or a hard copy available upon request.

Notification and License Requirements

- A person who intends to purchase, construct or acquire an accelerator shall notify the Department of this intent by filing an application for a specific license within 30 days after the initial order is issued to obtain any or all parts of the accelerator.
- A person who intends to install an accelerator shall notify the Department in writing within 30 days after the initial construction or installation begins.
- The application shall be filed in **duplicate** on forms prescribed by the Department, within the timeframe indicated in the application transmittal letter.
- The application shall contain pertinent information to permit the Department to evaluate the accelerator facility for compliance with the requirements of the act and Title 25 Chapter 228.

Transfer or Assignment

- An accelerator license issued by the Department may not be transferred, assigned, or in any manner disposed of, either voluntary or involuntarily, to any entity without submitting a written request to the Department.

Payment of Licensing Fees, Medical or Non-Medical Accelerators:

An initial application for a license shall be accompanied by a check payable to DEP in accordance with the fee schedule below:

Accelerator Type	Annual Fee For 1 Unit	Each Additional Unit (Same Site)
Less Than 50 MeV	$2,100.00	$700.00
Ion Implantation Only	$700.00	$70.00
Greater Than 50 MeV	$2,100.00	$700.00

**To be invoiced based on Actual Cost recovery for licensing and inspection at $150.00 per hour.

The Department will not accept an application without payment.

- Fees for initial accelerator license application are payable upon the filing of the license application under Section 228.11.
- If you need assistance calculating fees, please call the DEP Bureau of Radiation Protection at 717-787-3720.

Annual Renewal of Accelerator License

- The initial license is effective for five (5) years.
- The Department will send an annual renewal invoice for each accelerator license at your facility two months before the expiration date of the license certificate. The annual renewal becomes valid upon fee receipt.
- Fees are payable by the last day of the license month as shown on the license fee renewal invoice.
- If you do not receive the renewal form two months prior to expiration, you must notify the Department immediately.
- If there is an increase in the number of accelerators after an initial accelerator license has been issued, an amendment to the license must be submitted. A Part II application form shall be submitted for each accelerator at each facility.
- Likewise, if there is a decrease in the number of accelerators during the year, the Department must be notified, however, no refund will be made.
- If a license is revoked or voluntarily terminated before its expiration date, the license fee will not be refunded. The notification and request for termination shall include the reports and information that is specified in 228.23a.

How to Apply and Where to Pay

- Complete an application for a Medical or Non-Medical Accelerator License on the prescribed license forms.
- Retain a copy of the completed license application with your accelerator(s) records.
- Mail the original and a copy of the complete license application, along with a check or money order in the proper fee amount. **You must include payment with your application in the correct amount or your application will be returned to you and your application will not be processed.**
- Mail the complete application and the check or money order, payable to **"Commonwealth of Pennsylvania"** to:

DEP
Bureau of Radiation Protection
P.O. Box 8469
Harrisburg, PA 17105-8469

Failure by licensee to pay required fee
(as set forth by Chapter 218.11)

- An accelerator licensee who fails to pay an initial fee, or a renewal fee required under this chapter shall be subject to the civil and criminal penalties as provided under the Act.
- Nonpayment of fees required by this chapter shall be cause for revocation of license issued by the Department under the Act.

More Information

For more information, please visit the Bureau of Radiation Protection Web site at http://www.dep.state.pa.us/brp/.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION INSTRUCTIONS FOR A MEDICAL OR MEDICAL RESEARCH ACCELERATOR LICENSE

PART I – ACCELERATOR FACILITY INFORMATION

GENERAL INFORMATION

"A person who intends to purchase, construct or acquire an accelerator shall **notify the Department** of this intent **by filling an application** for a specific license **within 30 days** after the initial order is issued..." Section 25 §228.21a.

Notification by submitting an application is necessary even though all information may not be readily available. Additional data may be forwarded as the information is obtained.

To speed up the processing and assist facilities submitting Medical Accelerator License applications, the Department has made instructions available so applicants may understand the nature of information being sought and thereby respond correctly to the application information. A facility may have one or more medical accelerators licensed to their facility. A "Medical Accelerator" is one used in the healing arts, where the beam (e.g. photon, electron, proton, etc.) will be intentionally directed on a human or animal. The medical accelerator license application makes reference to various sections of PA Title 25 Environmental Protection regulations. The most recent copy of the current regulations is available on-line at www.pacode.com.

INSTRUCTIONS:

Please type or print all available information when completing the application. Some questions can be answered simply by check-off or with brief answers, but if information needed is more than space allows, copy that question onto a supplemental sheet and complete as required.

New applications, or a medical accelerator facility under construction, initially need to complete as much licensing application information as possible. The remaining information must be supplied when available. The fee for a new license must be included with the initial application submittal. Section 25 §218.11(f). If a new unit is added to a current license no additional payment is necessary. The additional unit will be invoiced when the next annual statement is issued.

NOTE: A person may NOT operate a particle accelerator for treatment or therapy without having obtained a license from the Department. A license will be issued only after a completed application is received and a departmental inspector performs a confirmatory inspection.

1. FACILITY NAME AND EMPLOYER IDENTIFICATION NUMBER (EIN)

The legal name of a person or organization actually owning the accelerator(s), and requesting a license from the Department to conduct medical use is required. An indication should also be included in this box as to whether the applicant is an individual, an in-state or out-of-state corporation (if not Pennsylvania indicate State), a member of a partnership (include names of all partners and indicate whether limited or general partners), or any other entity (specify). The name given will be the exact name recorded on the license. The Employer Identification Number (EIN) is also required. The EIN, which is also known as a tax identification number, is the number assigned to the provider by the Federal Government for tax reporting purposes.

2. LICENSE CATEGORY

Check-off whether the facility is applying for an Initial Medical Accelerator License from a previous x-ray registration, a New Facility License or a License Renewal. If New Facility License Application is checked-off go to item #4. Otherwise move on to item # 3. Take note of 25 §228.24a for Renewal of licenses.

3. CURRENT PENNSYVANIA XRAY REGISTRATION NUMBER OR PENNSYLVANIA ACCELERATOR LICENSE NUMBER

If an Initial License from a Registration or License Renewal Application were checked in #2, provide the current Pennsylvania X-Ray Registration Number and/or the Pennsylvania Accelerator License Number assigned to the facility.

4. MAILING/CORRESPONDENCE ADDRESS

Fill in the location of the main office or headquarters of the facility, where it's usual business affairs are conducted, and also provide the area code and phone number of the facility. The mailing address should not include data that's not appropriate for business correspondence. In addition to the street name and number, P.O. Box number, etc., use any appropriate designation and numbers to further define the mailing address or the applicant. (e.g., floor, building, room, department, suite, etc.) Make sure to include the city, state, ZIP+4 and postal

code. Do *not* use abbreviations for the city name. Use the two-character abbreviation for the state. Include the four-digit extension for the ZIP code. If other than USA, provide country. Provide a name of an individual to whom all correspondences should be delivered too.

5. LOCATION ADDRESS

Provide the street name and number, city, state and the zip+4 where the accelerator is operated. The address should *not* have abbreviations, acronyms, etc. No P.O. Box Numbers will be accepted for site location information.

6. RADIATION SAFETY OFFICER

The Radiation Safety Officer (RSO) for the accelerator facility is the designated individual who is ultimately responsible for overseeing radiation protection. Sections 25 §215.2 and 10 CFR 35.50 define RSO as an individual who has the knowledge and responsibility to apply appropriate radiation protection regulations. Regulations require the RSO to be vested with the authority to cease operation of the accelerator(s) in the event of unsafe conditions. One individual is to be named the RSO of the accelerator facility. In 6b, provide the address, phone number, and email address of the RSO. The RSO named in item 6a will be recorded on the license.

7. QUALIFIED EXPERT(S)

7a. Authorized Medical Physicist - Sections 25 §215.2 and 10CFR 35.51. List the responsible Medical Physicist for the facility in item 7a. The physicist named in item 7a. will be recorded on the license.
7b. List the qualified shielding design expert per Section 25 §228.32a. List other qualified experts as necessary.

8. Authorized User - An authorized user is a physician who the applicant designates as bearing immediate responsibility for the clinical supervision and operation of the accelerator(s). The name, medical license number and qualifications are required for each of the authorized users. The physician named in item 8a will be recorded on the license. Licensee shall maintain a current list of authorized users and approval records for review.

9. SITE LAYOUT DRAWING

Attach a Site Layout drawing depicting location of each accelerator, operating consoles, also indicate function and extent of occupancy of all areas above, below and adjacent to the shielded accelerator vault. The Site Layout drawing should indicate the location of the accelerator(s), preferably to scale.

10. CERTIFICATION

Signature, Name, Date and Title of an employee, or a hired contractor of the organization *owning* the accelerator facility described in this license application, who was responsible for completing this application.

11. ACKNOWLEDGEMENT

Signature, Name, Date, and Title of an executive of the organization with the overall *responsibility and authority for overseeing operation* of the facility and accelerator(s) listed in this license application.

Complete Part II Accelerator Information for Each Medical Accelerator at the Facility

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BUREAU OF RADIATION PROTECTION

APPLICATION FOR A MEDICAL ACCELERATOR LICENSE
PART I – ACCELERATOR FACILITY INFORMATION

Please type or print all information. Attach extra sheets when necessary.

1. Facility Name and **Employer Identification Number (EIN)** **Name:** **EIN:**	
2. Check One: ☐ Initial License from an X-Ray Registration ☐ New Facility License Application (Go to #4) ☐ License Renewal Application	**3. Provide Previous PA X-Ray Registration Number:** **or** **Current PA Accelerator License Number:** AC
4. Mailing/Correspondence Address: ATTN:	**Area Code and Phone Number:**
5. Accelerator(s) Site Location Address and County County:	**Area Code and Phone Number:**
Provide a summary of training, experience and qualifications per 25 PA § 215.2 and 10 CFR 35.2., 35.50, 35.51, and 35.59. Utilize current versions of NRC Forms 313A(AMP), 313A(AUS), and 313A(RSO) as applicable.	
6a. Name of Radiation Safety Officer (Name one individual to be recorded on the license) Utilize NRC FORM 313A-RSO	**6b. Address, Phone Number, Email Address of Radiation Safety Officer** Email:

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Date Received:	Site Number:
Completeness Reviewed by:	Client Number:
Entered into eFacts by:	Account Number:
Date Acknowledged:	Check Number:

7a.	**Name of Authorized Medical Physicist:** (to be recorded on the license) _____ **Qualifications:** Utilize NRC Form 313A (AMP) _____ _____ _____	7b.	**Name of Shielding Design Qualified Expert:** _____ **Qualifications:** _____ _____ _____ _____
8.	**Authorized User(s):** Name(s) of physicians that authorize operation of the medical accelerator(s) for human use. For each individual, give Pennsylvania Medical License number. List Specialty Board Eligibility or Certification with date. Include name of the institution(s) where accelerator training and experience was received, and date received. Submit preceptor statements where applicable. Authorized users must meet the requirements of 10CFR35.2. **Utilize NRC Form 313A (AUS)**		
8a.	**Name:** (to be recorded on the license) _____ **Qualifications:** _____ _____ _____		**The Licensee shall maintain a current list of Authorized Users and approval records for review by the Department.**
9.	**Attach a site layout drawing depicting location of each accelerator, room number, operating consoles, also indicate function and extent of occupancy of all areas above, below and adjacent to the accelerator suite.**		

Continue to page 3 for required signatures for Part 1

10. Certification: As an employee, or a hired contractor of the organization owning the accelerator facility described in Parts I and II of this application, I hereby verify that the information and representations in this application for a medical accelerator license are, to the best of my knowledge, accurate, truthful and complete. I understand that this certification is made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: _____ **Printed Name:** _____

Title: _____ **Signature:** _____

11. Acknowledgement: The undersigned is an executive of the applicant organization, with overall responsibility and authority for overseeing operation of the accelerator(s) listed in this license application. It is understood and agreed that all data and statements contained in Parts I & II shall be made a part of the medical accelerator license and thereby will constitute required conditions for the issuance and continuation of the accelerator license. It is also understood and agreed that the Department shall be notified, in writing, within ten (10) days, in the event of any changes or departures whatsoever from the statements and representations contained herein, that exceed ministerial changes.

Date: _____ **Printed Name:** _____

Title: _____ **Signature:** _____

End of Part I

Part II forms are required to be completed for each Medical Accelerator at the Site.

Return the application
including attachments and fee to:

PA Department of Environmental Protection
Bureau of Radiation Protection
Division of Radiation Control
P.O. Box 8469
Harrisburg, PA 17105-8469

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APPLICATION INSTRUCTIONS FOR A MEDICAL ACCELERATOR LICENSE

PART II – ACCELERATOR INFORMATION

GENERAL INFORMATION

To speed up the processing and assist facilities submitting Medical Accelerator License applications for the first time, the Department has made these instructions available so applicants may understand the nature of information being sought and thereby respond correctly to the application information. The license application makes reference to various sections of PA Title 25 Environmental Protection. The most recent copy of the current regulations is available online: www.pacode.com.

INSTRUCTIONS

Please type or print all information for each medical accelerator when completing the forms. Some questions can be answered simply by check-off or with brief answers, but if information needed is more than the provided space allows, copy that question on a supplemental sheet and complete as required.

NOTE: A person may NOT operate a particle accelerator for treatment or therapy without having obtained a license from the Department. A license will be issued only after a completed application is received and a departmental inspector performs a confirmatory inspection.

The same prerequisite is necessary prior to issuance of an amendment to an existing license for a new accelerator being added to the license.

1. **Facility Name And Employer Identification Number (EIN)**

   The legal name of a person or organization actually owning the accelerator(s), and requesting a license from the Department to conduct medical use is required. The name given will be the exact name recorded on the license. The Employer Identification Number (EIN) is also required in the smaller box provided. The EIN, which is also known as a tax identification number (TIN), is the number assigned to the provider by the Federal Government for tax reporting purposes.

2. **License Category**

   Check the type of accelerator. An existing accelerator that has been upgraded, a new accelerator, a remanufactured accelerator, or a conversion to a medical accelerator for use in the healing arts.

3. **PA X-Ray Registration Number or Current PA Accelerator License Number**

   Provide the current Pennsylvania Accelerator License Number and/or the X-Ray Registration Number assigned to the facility.

4. **Accelerator Description**

   Fill in the manufacturer's name, model, serial number, manufacture year, and, if it applies, the remanufacture year.

5. **Installation/Delivery Dates**

   Complete the date when the accelerator was ordered, the date of installation, and, if it applies, the expected delivery date. Include the room or vault number where the unit will be located.

6. **Accelerator Energy Data**

   Fill in the beam type(s) and the energies in units of MeV that correspond. If the accelerator is a dual beam, which means it produces energies with photons and electrons, then make sure to include energies in units of MeV for both types. If the accelerator produces a beam type that is not photons or electrons, then list the type of beam and its energy level(s).

7. **Head and Beam Limiting Device Leakage**

   Check yes or no to the question. Do the Manufacturer's Specifications meet the Leakage requirements of 25 Pa §228.61(a)(1), 228.61(b)(1), 228.62(a) or 228.63?. If no, specify why not.

8. **Indicate all Modalities Utilized and Any Alternate Use of the Medical Accelerator**

   If any non-human use of the medical accelerator, include appropriate radiation safety procedures.

9. **Indicate if the accelerator contains Depleted Uranium.** If "yes" include additional information.

10. **Attach Layout Plan Depicting Accelerator Vault**

    Make sure to include and label the accelerator gantry position(s), scram buttons, independent radiation monitor location and viewing and communication system component position(s). The vault layout plan differs from the site diagram

called for in Part I. If the site drawing submitted for Part I shows all the details requested in question #10, then it is acceptable to refer to the site diagram instead of providing an additional plan.

11. Vault Information and Features

a. Describe the Independent Radiation Monitor referenced in 25 PA § 228.36.

b. Describe the Beam Stop System (if applicable). Describe if it is retractable, and if there are any restrictions.

c. Identify the Recorder/Verifier. Give make, model name, and functions involved.

d. Describe any custom collimation/beam shaping system and accessory not provided by the manufacturer referenced in 25 PA § 228.63.

e. Are Failsafe Door interlock switches present as referenced in 25 PA § 228.34a.

f. Can the door be manually opened from inside the accelerator vault.

g. Describe the viewing and communications system and the provision for providing a back up referenced in 25 PA § 228.33a (3), (4), and (5).

h. Describe the entry interlock function referenced in 25 PA § 228.34a.

12. Provide a Detailed Shielding Design for Existing, New or Reinstalled Equipment

Primary and secondary shielding barriers shall be noted. Provide the shielding designers name and phone number. Reference 25 PA § 228.32a and 228.33a. Attach this information to the license application.

13. Provide a Copy of Radiation Safety Survey, which validates Adequacy of the Shielding. Report should include Calculated Values as well as Actual Measurements

Include survey meter used and all other results referenced in 25 PA §228.38.

14. If this Accelerator does not fully comply with PA State Regulations §§228.63 through 228.74, Identify and Elaborate on all Departures of Accelerator Specifications from the Foregoing Regulations.

These sections relate to adequacy of engineering design specifications in complying with the regulations. Each section must be carefully reviewed to assure an accurate response. Any specifications that are not in compliance should be identified and elaborated on a separate sheet and attached at the end of the license application.

15. Annual Equipment Calibration must Comply with 25 PA §228.75. If there are any Departures, Describe and Provide Reason(s)

The applicant should carefully review each of the sections of the regulations, and specifically confirm compliance with each item. Any departures are to be explained in detailed, indicating the rationale for not meeting the requirements of the regulations. Any questions regarding compliances should be directed to DEP/Bureau of Radiation Protection, Radiation Control Division.

16. Monthly Spot Checks Must Comply with 25 PA §228.76

Provide description of dosimetry equipment and procedures used for spot checks. Departures and questions should follow directions for Question #15.

17. Quality Assurance Program

Your Quality Assurance Program should be in accordance with guidelines established or recognized by the Department such as AAPM. If not, indicate QA Program utilized and describe and provide reasons.

18. Copies of Procedures, Directives or Guidelines Relating to Patient Safety and Emergencies must be provided to Accelerator Operating and Service Personnel as Required in 25 PA §228.35

Provide a list of all operating procedures and those relating to radiation safety.

19. How are Medical Events or Other Departures from Prescribed Treatment Reported and Reviewed?

Describe policies, procedures or guidelines followed at your facility on a separate sheet and attach to the license application. Reference 25 PA §228.35 (g) (4).

20. Describe Initial Training and Continuing Education Program for Accelerator Operators.

Indicate nature of initial training and how frequently continuing education is offered. Reference 25 PA §228.31A.

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APPLICATION FOR A MEDICAL ACCELERATOR LICENSE

PART II – ACCELERATOR INFORMATION

To be completed for *each individual accelerator* at the facility listed in Part I.

Please type all information. Attach extra sheets when necessary.

1. Applicant's **Name** and **Employer Identification Number (EIN)** (List whether institution, firm, hospital, person, etc.)

Name: **EIN:**

2. **Check One:**

- ☐ Existing Accelerator
- ☐ New Accelerator
- ☐ Remanufactured Accelerator
- ☐ Conversion from a Non-Medical Accelerator

3. **Provide Current PA X-Ray Registration Number:**

OR

Current PA Accelerator License Number:

AC

4. **Accelerator Description:**

Make:

Model:

Serial Number:

Manufacture Year:

Remanufactured Year:

5. **Installation/Delivery Dates.**

Date Ordered:

Date Installed:

Expected Delivery Date:

Room No. or Vault No.:

6. **Accelerator Energy Data:**

Photons _____ **MV**

Electrons _____ **MeV**

Other Particles _____

Other Particle Energy _____ **MeV**

7. **Head and Beam Limiting Device Leakage.** Do the Manufacturer's Specifications meet the Leakage requirements of 25 PA §§ 228.61(a)(1), 228.61(b)(1), 228.62(a) OR 228.63?

- ☐ No Specify: _____
- ☐ Yes

8. Describe any alternate use of the medical accelerator and applicable radiation safety procedures.

- ☐ IORT
- ☐ IMRT
- ☐ Arc Therapy
- ☐ Stereotactic Radiosurgery/Radiotherapy
- ☐ Other (explain)

9. **Does the accelerator contain Depleted Uranium (DU)?** ☐ Yes ☐ No

If YES: Record NRC License Number:

Name PA registered Service Provider who will service the unit:

10. **Attach accelerator vault layout diagram depicting:**

- Accelerator location(s)
- Scram buttons
- Independent radiation monitor location
- Viewing and communication system component position(s).
- Gantry position(s)

11. **Vault Information and features: (Check where appropriate and elaborate).**

Describe Independent Radiation Monitor: (Response testing, model, and type.)

Describe the Beam Stop System (if applicable) Retractable? Restrictions?

Identify the Recorder/Verifier. Give make, model name, and functions involved.

Describe any custom Collimation/beam shaping system and accessory not provided by the manufacturer:

Failsafe Door interlock switches present? ☐ Yes ☐ No

Can the door be manually opened from inside the accelerator vault? ☐ Yes ☐ No

Describe viewing and communications system and provision for backup:

Describe entry interlock function:

12. **Provide a shielding design for existing, new or reinstalled equipment, and the contact for the shielding design.** Reference 25 PA § 228.32 A, 228.33A.

13. **Provide a copy of the most recent Radiation Safety Survey that validates adequacy of the shielding. Report should include calculated values as well as actual measurements.** Reference 25 PA § 228.38.

14. **If this accelerator does not fully comply with PA State Regulations §§ 228.63 through 228.74, identify and explain all departures of accelerator specifications from the foregoing regulations.**

15. **Accelerator systems calibrations shall comply with 25 PA § 228.75.**

A. If there are any departures, describe and Provide reason(s)

B. Date of last full calibration

C. AAPM Protocol used

16. **Monthly spot checks shall comply with 25 PA § 228.76.** Describe dosimetry equipment and attach procedures used for spot checks.	**17.** **Quality Assurance Program and Procedures:** The Department has recognized the guidelines established by the AAPM as appropriate. If there are any departures from AAPM, indicate QA program and describe and provide reasons. ☐ **AAPM:** Identify TG(s) _____ _____ ☐ **Other Accredited Organization (describe):**
18. **Procedures, directives or guidelines relating to patient safety and emergencies must be provided to accelerator operating and service personnel as required in 25 PA § 228.35.** Provide a list of all operating procedures with the application. • Unit Operation • Radiation Safety	**19.** **How are medical events or other departures from prescribed treatment reported and reviewed?** Describe policies, procedures or guidelines followed at your facility. Reference 25 PA § 228.35 (G) (4).
20. Describe initial training and continuing education program for medical accelerator operators. Indicate nature of initial training and how frequently continuing education is offered. Reference 25 PA § 228.31a.(b).	

End of Part II

Return these forms, fees and Questionnaire
with all attachments to:

PA Department of Environmental Protection
Bureau of Radiation Protection
Division of Radiation Control
P.O. Box 8469
Harrisburg, PA 17105-8469

Permit Review Process

Radioactive Materials Licensing

- Application Part I
- Application Part II - NUREG 1556
- Common Problems

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APPLICATION FOR RADIOACTIVE MATERIAL LICENSE FOR THE POSSESSION AND USE OF BYPRODUCT MATERIAL

INSTRUCTIONS: SEE THE APPROPRIATE **NUREG-1556 CONSOLIDATED GUIDANCE** FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION. SEND **TWO** COPIES OF THE COMPLETED APPLICATION WITH ATTACHMENTS TO: BUREAU OF RADIATION PROTECTION, P.O. BOX 8469, HARRISBURG, PA 17105-8469.

If this is an application for a NEW license, it must include remittance for the appropriate annual fee. NEW license applications cannot be accepted without payment of the annual fee. Applicants for a NEW license or RENEWAL must also submit the Department's General Information Form (GIF).

1. This an application for *(check appropriate block)*:
   - ☐ A. New License
   - ☐ B. Amendment to License Number _____
   - ☐ C. Renewal of License Number _____

2. Name and Mailing Address of Applicant (include Zip Code):

3. Address(es) where Licensed Material will be used, possessed or stored:

4. Contact Person for this Application:

Telephone Number:

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.

5. Radioactive Material
   A. Element and mass number; B. chemical and/or physical form; and C. maximum amount that will be possessed at any one time.

6. Purpose(s) for which licensed material will be used

7. Individual(s) responsible for Radiation Safety Program, their training experience and e-mail address(es).

8. Training for individuals working in or frequenting restricted areas

9. Facilities and Equipment

10. Radiation Safety Program

11. Waste Management

12. License Fees
    (25 Pa. Code, Ch. 218, App. A)
    (New Licenses Only)
    Fee Category:

Amount Enclosed
$

13. Certification (must be completed by applicant). The applicant understands that all statements and representations made in this application are binding upon the applicant.

The applicant and any official executing this certification on behalf of the applicant, named in Item 2, certify that this application is prepared in conformity with Article V, Radiological Health, of the Department of Environmental Protection and that all information contained herein is true and correct.

WARNING: THE STATEMENTS CONTAINED OR REFERENCED HEREIN ARE MADE SUBJECT TO THE PROVISIONS OF 18 PA. CONSOLIDATED STATUTES, SECTION 4904 (Relating to Penalties for Unsworn False Statements to Governmental Authorities).

Type or Printed Name	Signature
Title	Date

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Fee Category	Amount Received	Check Number	Comments:
Approved By:			

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1. This an application for *(check appropriate block)*:
   - ☐ A. New License
   - ☐ B. Amendment to License Number _____
   - ☐ C. Renewal of License Number _____

2. Name and Mailing Address of Applicant (include Zip Code):

3. Address(es) where Licensed Material will be used, possessed or stored:

4. Contact Person for this Application:

Telephone Number:

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.

5. Radioactive Material
   A. Element and mass number; B. chemical and/or physical form; and C. maximum amount that will be possessed at any one time.

6. Purpose(s) for which licensed material will be used

7. Individual(s) responsible for Radiation Safety Program, their training experience and e-mail address(es).

8. Training for individuals working in or frequenting restricted areas

9. Facilities and Equipment

10. Radiation Safety Program

11. Waste Management

12. License Fees
    (25 Pa. Code, Ch. 218, App. A)
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    Fee Category:

Amount Enclosed
$

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APPLICATION FOR RADIOACTIVE MATERIAL LICENSE FOR THE POSSESSION AND USE OF BYPRODUCT MATERIAL

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1. This an application for *(check appropriate block)*:
   - ☐ A. New License
   - ☐ B. Amendment to License Number _____
   - ☐ C. Renewal of License Number _____

2. Name and Mailing Address of Applicant (include Zip Code):

3. Address(es) where Licensed Material will be used, possessed or stored:

4. Contact Person for this Application:

Telephone Number:

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.

5. Radioactive Material
   A. Element and mass number; B. chemical and/or physical form; and C. maximum amount that will be possessed at any one time.

6. Purpose(s) for which licensed material will be used

7. Individual(s) responsible for Radiation Safety Program, their training experience and e-mail address(es).

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   - ☐ A. New License
   - ☐ B. Amendment to License Number _____
   - ☐ C. Renewal of License Number _____

2. Name and Mailing Address of Applicant (include Zip Code):

3. Address(es) where Licensed Material will be used, possessed or stored:

4. Contact Person for this Application:

Telephone Number:

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.

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8. Training for individuals working in or frequenting restricted areas

9. Facilities and Equipment

10. Radiation Safety Program

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12. License Fees
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APPLICATION FOR RADIOACTIVE MATERIAL LICENSE FOR THE POSSESSION AND USE OF BYPRODUCT MATERIAL

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1. This an application for *(check appropriate block)*:
   - ☐ A. New License
   - ☐ B. Amendment to License Number _____
   - ☐ C. Renewal of License Number _____

2. Name and Mailing Address of Applicant (include Zip Code):

3. Address(es) where Licensed Material will be used, possessed or stored:

4. Contact Person for this Application:

   Telephone Number:

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.

5. Radioactive Material
   A. Element and mass number; B. chemical and/or physical form; and C. maximum amount that will be possessed at any one time.

6. Purpose(s) for which licensed material will be used

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8. Training for individuals working in or frequenting restricted areas

9. Facilities and Equipment

10. Radiation Safety Program

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12. License Fees
    (25 Pa. Code, Ch. 218, App. A)
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    Fee Category:

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    $

13. Certification (must be completed by applicant). The applicant understands that all statements and representations made in this application are binding upon the applicant.

    The applicant and any official executing this certification on behalf of the applicant, named in Item 2, certify that this application is prepared in conformity with Article V, Radiological Health, of the Department of Environmental Protection and that all information contained herein is true and correct.

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Type or Printed Name	Signature
Title	Date

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Fee Category	Amount Received	Check Number	Comments:
Approved By:			

Radioactive Material License Application

Submit Items 5 through 11 on 8-1/5" X 11" paper. The type and scope of information to be provided is described in the appropriate NUREG 1556 series.		
5. Radioactive Material A. Element and mass number; B. chemical and/or physical form; and C. maximum amount that will be possessed at any one time.	6. Purpose(s) for which licensed material will be used	
7. Individual(s) responsible for Radiation Safety Program, their training experience and e-mail address(es).	8. Training for individuals working in or frequenting restricted areas	
9. Facilities and Equipment	10. Radiation Safety Program	
11. Waste Management		

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Permit Review Process

NUREG 1556 Volumes

- Volume 1- Portable Gauge Licenses
- Volume 2- Industrial Radiography Licenses
- Volume 4- Fixed Gauge Licenses
- Volume 7- Research and Development
- Volume 9- Medical Use Licenses
- Volume 11- Licenses of Broad Scope
- Volume 12- Possession Licenses for Manufacturing and Distribution
- Volume 13- Commercial Radiopharmacy Licenses (Revision 1)
- Volume 14- Well Logging, Tracer, and Field Flood Study Licenses
- Volume 18- Service Provider Licenses

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Suggested Format for Providing Information Requested in Items 5 through 11 of NRC Form 313

Item No.	Title and Criteria	Yes	Description Attached
5	**RADIOACTIVE MATERIAL** **Sealed Sources and Devices**		
	• Identify each radionuclide that will be used for performing radiography.		[ ]
	• Identify the manufacturer (or distributor) and model number of each sealed source.		[ ]
	• Identify the manufacturer (or distributor) and model number of each exposure device. Indicate if a device is only to be used in a permanent radiographic installation.		[ ]
	• Identify the manufacturer (or distributor) and model number of each source changer.		[ ]
	• If depleted uranium is used as shielding material, specify the total amount (in kilograms).		[ ]
	• Confirm that each sealed source, device, and source/device combination possessed is registered as an approved sealed source or device by NRC or an Agreement State and will be possessed and used in accordance with the conditions specified in the registration certificate.	[ ]	
	• Confirm that associated equipment is compatible with the exposure devices, source exchangers, and sealed sources containing byproduct material.	[ ]	
	• Confirm that only radiographic exposure devices, source assemblies or sealed sources, and associated equipment which meet the requirements specified in 10 CFR 34.20 will be used in radiographic operations.	[ ]	
	• Identify each radionuclide and the manufacturer (or distributor) and model number of each sealed source and/or device containing byproduct material that will not be used for performing radiography.		[ ]

Radioactive Material License Application

13. Certification (must be completed by applicant). The applicant understands that all statements and representations made in this application are binding upon the applicant.

    The applicant and any official executing this certification on behalf of the applicant, named in Item 2, certify that this application is prepared in conformity with Article V, Radiological Health, of the Department of Environmental Protection and that all information contained herein is true and correct.

    WARNING: THE STATEMENTS CONTAINED OR REFERENCED HEREIN ARE MADE SUBJECT TO THE PROVISIONS OF 18 PA. CONSOLIDATED STATUTES, SECTION 4904 (Relating to Penalties for Unsworn False Statements to Governmental Authorities).

Type or Printed Name	Signature
Title	Date

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Most common application problems:

- Application signed by upper management - RSO, (only if appropriate).
- Facility diagrams or sketches, including but not limited to, hoods, shielding, ventilation, work areas, storage areas, location of nearest occupied area, and physical security of radioactive material.
- Number, type and range of survey instruments including procedures for calibration, checks for operability and maintenance.

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Permit Review Process

Most common application problems:

- Training and experience records, preceptor statement for all authorized users.
- Training and experience records, preceptor statement, delegation of authority and the duties, responsibilities, and if appropriate, the availability of the RSO.
- Training and experience records for the Radiation Safety Committee Chair if appropriate.

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25 Pa. Code 218 - APPENDIX A
Radioactive Material License Fee Table

(EXAMPLE - Partial List)

Fee Category[5,6]	Description
1C	Special Nuclear Material Sealed Source Gauges (X-Ray Fluorescence)
1D	Special Nuclear Material—Other
2A(2)(c)	Source Material—metal extraction
2A5	Removal of Radioactive Contaminants from Drinking Water
2B	Source Material as Shielding
2C	Source Material—Other (not 11e2)
3A	Manufacturing & Distribution Commercial Broad Scope—10 CFR 30, 33
3B	Manufacturing, Refurbishing & Distribution Commercial Specific License—10 CFR 30
3C	Manufacturing & Distribution Pharmaceuticals—10 CFR 32.72—32.74
3D	Pharmaceuticals— Distribution Only—10 CFR 32.7x
3E	Irradiator—Shielded Source
3F	Irradiator—Unshielded ‹ 10kCi
3G	Irradiator—Unshielded ›= 10kCi
3I	Distribution As Exempt—No Review of Device
3J	Distribution—SSD Devices to Part 31 GLs
3K	Distribution—No Review-Exempt Sealed Source
3L	Research & Development Broad Scope
3M	Research & Development
3N	Services other than Leak Testing, Waste Disposal or Calibration
3O	Radiography
3P	Other Byproduct Material
3Q	Generally licensed devices under § 217.143 (relating to certain measuring, gauging or controlling devices)

Permit Review Process

Radon

- Regulatory Authority:
  - Radon Certification Act of July 9, 1987. (P.L. 238 No. 43). 63 P.S. Sec. 2001-2014.
  - Pennsylvania Code. Title 25 Environmental Protection, Article 25 Radiological Health, Chapter 240 Radon Certification.

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Permit Review Process

Who must be Certified?

- Anyone performing any type of radon related activity in the Commonwealth, except:
- A building one owns or occupies
- During new construction
- Department employees as part of their normal duties
- For research purposes

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Permit Review Process

Types of Certification

- Testing
- Laboratory
- Mitigation

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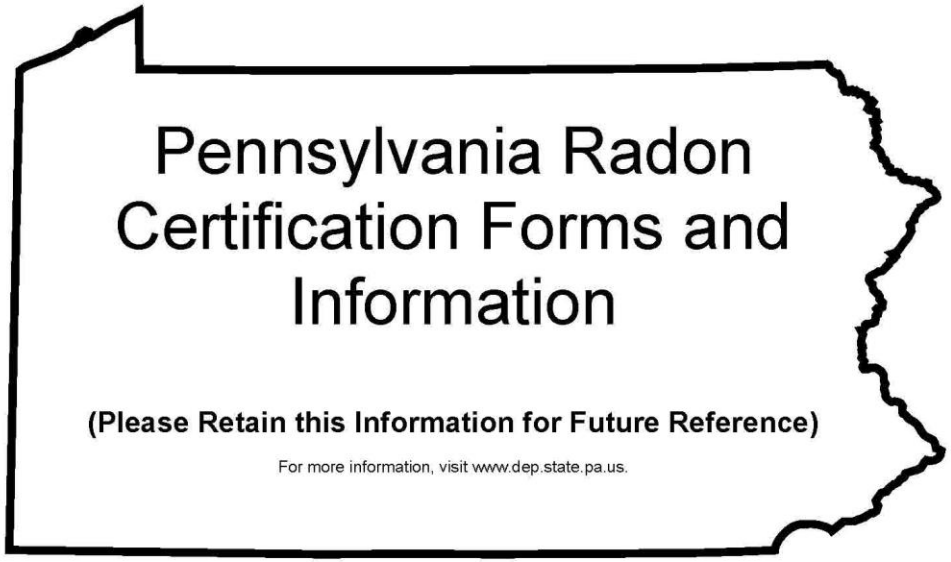

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Bureau of Radiation Protection
Radon Division

2900-FM-BRP0010 Rev. 8/2012

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF RADIATION PROTECTION

2.3 INITIAL CERTIFICATION CHECKLISTS

2.3.1 CHECKLIST A

Initial Testing
Certification Application Checklist

Submit the items below in the order listed:

☐ **General Section**
Complete and submit form in Section 2.4 (Page 24). Include a check/money order for fees. See Section 1.1.15 (Page 5).

☐ **Compliance Information**
Submit all radon-related compliance information, including descriptions of notices of violation, administrative orders, civil penalties assessments and actions for violations of the act, this chapter or a term or condition of certification.

☐ **DEP-approved Course Certificate** DEP accepts all NEHA or NRSB – approved Initial Radon Measurement Courses.

☐ **DEP approved Exam Results**
Enclosed proof of having passed a DEP approved radon measurement exam for the certified individual applicant. The certified individual applicant must have passed the exam within the past two years. This exam is an **initial** requirement only. For Department-approved exams see Section 4.1 (Page 59).

☐ **Experience**
Enclose a description of at least one year of professional radon measurement experience:

- either as a DEP-listed testing employee, certified individual or from another state/country, or
- one year's equivalent experience in procedural compliance or quality control.

If you have any questions about your experience, please submit a detailed written explanation of that experience for approval prior to submittal of this application. All fees once submitted are nonrefundable.

☐ **I.D. Card Photographs for the Certified Testing Individual**
Please submit photos as a TIF or JPEG file via email to RA-EPRadon@pa.gov. See Section 7 (Page 94) for photograph guidelines.

☐ **Continuous Monitor (CM) Application Form**
If applying to become a primary tester for CM(s), complete and enclose the form in Section 2.4.4 (Page 32)

☐ **Electret Reader Application From**
If applying to become a primary tester for electrets, complete and enclose the form in Section 2.4.5 (Page 33)

☐ **Certified Individual Acknowledgment Form**
Enclose the completed form in Section 2.4.1 (Page 26).

☐ **Primary Device Proficiency** (must have been completed within the past 2 years)
Separate proficiency is required for each model of continuous radon monitor (i.e. Sun Nuclear 1027, 1028, 1029, Pylon, Femto-TECH 510, etc.) short-term electrets, long-term electrets, and each model of continuous working level monitor.
(There is a $100 DEP fee each for electrets and continuous monitors. Section 1.1.15 (Page 5)).
The following chamber is Department-approved:

Bowser-Morner Radon Chamber
4518 Taylorsville Road
Dayton, OH 45424
Phone (937) 236-8805
(FAX) (937) 233-2024
radon@Bowser-Morner.com

Permit Review Process

Most common application problems:

- Not having calibration certificates
- Needing to revise Quality Assurance language
- Not providing the correct application fee
- Not filling out all of the application information
- Not sending an updated picture for ID badge

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Permit Review Process

Radon Standard Operating Procedures

- Standard Operating Procedures (SOP's) are in place to assure consistent review of each application.
- Radon SOP's will soon be available on the BRP webpage.

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Website Information

For more information, visit www.dep.state.pa.us

Click on the Permit Decision Guarantee button.

Bureau of Radiation Protection
717-787-2480
RA-EPBRPEnvPrt@pa.gov

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Questions?